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PICK-UP WAIT MAIL			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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G. MCLEOD

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COVER LETTER

Divisi	on of Corporations		
SUBJECT:	SIRN, LLC		
	(Name of Limited Liability Company)		
•			

Dear Sir or Madam:

Registration Section

TO:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



(Firm/Company)

17824 Terra Vista Ct

Winter Garden, Fl 34787

For further information concerning this matter, please call:

Sophie Sacagio at (407) 468-4894 (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508 company submits the following statement in order to chan in the State of Florida.	R, Florida Statutes, the undersigned limited liability ge its registered office or registered agent, or both,			
Name of the limited liability company:	SIRN, LLC			
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	Ran Sacagio 610, Business Paul Blud Winter guden Fl 34787			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	610 Business Park Blud Winter Souden, Fl 34787			
3. Date of filing/registration in Florida	FEI# 20-8198099 4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Corporate Creations			
Registered Office Address:	11380 Prospected forms RC Falm Brack pardens F133410			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Registered Office address: Ram Sacasio GIO Business Pauc Blud- TDinter Scoudan, FL 34787			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee) [Printed or typed name of signee] [Printed or typed name of signee] [Printed or typed name of signee]				
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	per and complete performance of my duties and to as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby hange in writing of this change.			
(Signature of Registered Agent) Division of Corporations, P.O. Box	6327. Tallahassee, FL 32314			
FILING FEE: \$25.00				